

**For Board Use Only**

Date of Application \_\_\_\_\_ License Number \_\_\_\_\_  
Date of Examination \_\_\_\_\_ Date Issued \_\_\_\_\_  
Approved for Endorsement \_\_\_\_\_ Date Expires \_\_\_\_\_  
\$ \_\_\_\_\_ PM Lexis Exam Fee Ck #: \_\_\_\_\_ (written to PM Lexis)  
\$ \_\_\_\_\_ Application \$500.00 Fee Ck #: \_\_\_\_\_  
\$ \_\_\_\_\_ Licensure \$250.00 Fee Ck #: \_\_\_\_\_ after application approved for  
reciprocity only  
Approving Board Member: \_\_\_\_\_  
Application Not Approved: \_\_\_\_\_

**SOUTH DAKOTA BOARD OF PODIATRY EXAMINERS  
DEPARTMENT OF HEALTH  
135 East Illinois, Suite 214  
Spearfish, SD 57783  
(605) 642- 1600**

Under the laws of the State of South Dakota, I hereby make application for a license as a doctor of podiatric medicine.

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**Please type or print--**

**Full name** \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name Maiden Name

**Residence** \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip

**Business Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_  
Street or P.O. Box # City State Zip

**Home Phone #:** \_\_\_\_\_ **Business Phone#** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

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1. Are you licensed or have you ever been licensed to practice podiatric medicine in a state **other** than South Dakota? Yes\_\_\_\_\_ No\_\_\_\_\_

Give State \_\_\_\_\_ Licensed from \_\_\_\_\_ to \_\_\_\_\_ Number \_\_\_\_\_

Give State \_\_\_\_\_ Licensed from \_\_\_\_\_ to \_\_\_\_\_ Number \_\_\_\_\_

If yes, please complete the form for "Certification for Endorsement" for each state.

2. Have you ever been licensed to practice podiatric medicine in South Dakota?  
Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, licensure # \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

3. Has any state rejected your application or revoked/suspended your professional license?  
Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, give complete details on a separate sheet.

4. Has any State Board of Examiners determined that you committed unprofessional conduct?  
Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, give complete details on a separate sheet.

5. Have you ever been subject to a jury or court finding of guilt (whether or not a judgment of guilt was ever entered)? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, give complete details on a separate sheet, including copies of the court's judgment and any written decisions in that case.

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### COLLEGE EDUCATION

Was your program a recognized school of podiatry by the council on education of the American Podiatric Medical Association. Yes\_\_\_\_\_ No\_\_\_\_\_ Please have official college transcripts sent directly to the Board of Podiatry by the registrar of college/university.

Name and Location of College/University	Dates Attended	Major	Degree	
	From	To	Field	Granted
_____				
(include advanced degrees and advanced study)				
_____				
_____				
_____				

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## POST GRADUATE TRAINING

This section applies only to applicants who graduate from podiatric college after July 1, 1995 (see SDCL 36-8-24).

Was your program approved by the Council of Podiatric Medical Education?

Yes\_\_\_\_\_ No\_\_\_\_\_ Please list location of your Post Graduate training.

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor Name and License Number: \_\_\_\_\_

Address: \_\_\_\_\_

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor Name and License Number: \_\_\_\_\_

Address: \_\_\_\_\_

## EXAMINATIONS

1. Have you taken the PM Lexis Examination: Yes\_\_\_\_\_ No\_\_\_\_\_

Please furnish certified record of score sent directly to the board from the Podiatric Medical Licensure Examination for States.)

2. Have you taken the National Board Examination: Yes\_\_\_\_\_ No\_\_\_\_\_

(Please furnish certified record of score sent directly to the board from the National Board of Examiners.)

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## REFERENCES

List two professional references who can attest to your competency as a podiatrist. Please request each reference to send a letter to the Board of Podiatry Examiners.

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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**BY APPLYING FOR LICENSURE TO THE SD BOARD OF PODIATRY EXAMINERS, I:**

- \* Authorize Board representatives to consult with others who have been associated with me and/or who may have information bearing on my competence and qualifications.
- \* Consent to Board representatives' inspection of all records and documents that may be material to an evaluation of my professional qualifications and competence to carry out the privileges I request, of my physical and mental health status and of my professional and ethical qualifications.
- \* Release from any liability all Board representatives for their acts performed in good faith and without malice in connection with evaluation of me and my credentials.
- \* Release from any liability all individuals and organizations who provide information, including otherwise privileged or confidential information, to the SD Board of Podiatry Examiners in good faith and without malice concerning my competence, professional ethics, character, physical and mental health, emotional stability, and other qualifications for staff appointment and clinical privileges.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**Print Name as it is to appear on license**

\_\_\_\_\_  
**DATE**

AFFIDAVIT

State of \_\_\_\_\_

SS

County of \_\_\_\_\_

The applicant \_\_\_\_\_ being duly sworn, declares that he or she is the person who is referred to in the foregoing application that the information supplied therein is true to the best of his or her knowledge, and that he or she has read and understands the application.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

My commission expires \_\_\_\_\_

The Board of Podiatry Examiners does adhere to the Human Relations Act of 1972 and therefore does not discriminate against applicants on the basis of race, sex, religion or national origin.

In accordance with the Americans With Disabilities Act if you so desire special accommodations please contact this office 60 days prior to the PM Lexis examination.

**\*NO APPLICATIONS WILL BE PROCESSED WITHOUT SUBMISSION OF ALL NECESSARY FEES.**

**\*\*Please follow the instruction/checklist sheet sent to you.**